

Please submit this form via:

Email: enrolments@thesalesmasters.com.au

Fax: (02) 9700 8988

Post: Australian Salesmasters Training Co  
PO Box 638, Rosebery NSW 1445

For help completing this form,  
please call: 1800 180 480



**AUSTRALIAN  
SALESMASTERS  
TRAINING CO**  
don't blame them...TRAIN THEM!

## The Australian Salesmasters Training Company Course Registration Form

### 1. Qualification: Course Detail

Course Title			
Course Code (if known)		Preferred delivery method	

### 2. USI: (Unique Student Identifier)

Do you have a USI? If no create a USI here at <a href="http://www.usi.gov.au">www.usi.gov.au</a>		My USI number is	
I give permission for Australian Salesmasters Training to obtain a USI on my behalf.			

The Unique Student Identifier (USI) is a unique code that is available online from the Australian Government. The code will stay with you for life and is recorded with any nationally recognised VET program that is undertaken from January 2015 onwards. You must provide your USI before you can be enrolled.

### 3. Personal Details:

Title		Surname		First Name		Middle Name	
Other Name		Date of Birth (Day/Month/year)		Gender			
Address					Suburb/Locality/Town		
Email Address		State		Postcode			
Telephone Number		Mobile Phone Number					
Emergency Contact Name		Phone Number		Relationship			

### 4. Education:

Are you still currently attending secondary school?	Have you undertaken any other Smart and Skilled qualification this calendar year?	
What is your highest COMPLETED school level in Australia?		
In which year did you complete that school level?	Name of School attended	
Have you satisfactorily completed any qualifications in Australia since turning 17? [If Yes, select one (1) or more from listboxes below]		
Certificate I	Certificate IV (or Advanced Certificate/Technician)	Bachelor Degree or Higher Degree
Certificate II	Diploma (or Associate Diploma)	Advanced Diploma or Associate Degree
Certificate III (or trade certificate)	Other education (including certificates or overseas qualifications not listed above)	

### 5. Identity / Welfare / Concessions:

What is your country of birth?		What is your town of birth?	
Year of arrival			
What is your residency status?			
Are you of Aboriginal or Torres Strait Islander descent?		How well do you speak English?	
Do you speak a language other than English at home?		What Language?	
Are you living in NSW social housing or is your household on the NSW Housing Register?			
Are you a recipient of a disability support pension?			
Are you a dependent child or spouse in recipient of a disability support pension?			
OR Are you a recipient of a Centrelink welfare benefit or a dependent child or spouse? If Yes, please select below.			
Age Pension	Austudy	Exceptional Circumstance Relief Payment	Career Payment
Newstart Allowance	Special Benefit	Family Tax Benefit Part A – maximum rate	Farm Household Allowance
Youth Allowance	Widow Allowance	Veteran's Children Education Scheme Pension	Veteran's Affairs Pension
Wife Pension	Widow Pension	Other:	Parenting Payment (Single)
Please supply appropriate evidence of long term unemployed status such as a Centrelink statement			

Are you registered with an Employment Service Provider? (Please detail below)	
Employment Service Provider Organisation Name	
Employment Service Provider Organisation ID	
Employment Service Provider Contact Name	
Have you been referred to this training by an Employment Service Provider client?	
Employment Service Provider Contact phone number	
Employment Service Provider Client ID	
Employment Service Provider Referral ID	

## 6. Employment Status:

Are you currently registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW?	
What is your employment status?	
Current Employer Legal Name	
Current Employer Trading Name	
Current Employer Start Date	Current Employer Contact Name
Current Employer Contact Number	Current Employer Contact Position
Current Employer Address	
Current Employer Suburb / City	Current Employer State
Current Employer Email Address	Current Employer Postcode

## 7. Language Literacy and Numeracy (LLN) & Digital Literacy:

Do you think you may have a language, literacy or numeracy issue?	
No	Language      Literacy      Numeracy
Do you have the ability to access & use (please tick)?	
Electronic devices (Computer/PC, Laptop, Tablet, Smartphone)	Video conferencing facilities (Zoom, Skype, MS Team, Google Hangouts, etc)
Internet	No
Other:	

## 8. Disability / Impairment / Long Term Condition:

Do you consider yourself to have a disability, impairment or long-term condition? (Please refer to the Disability support service for an explanation of the disabilities <a href="https://www.thesalesmasters.com.au/support/learner-support/">https://www.thesalesmasters.com.au/support/learner-support/</a> )	
No	Yes (If YES, tick one (1) or more of the boxes below)
Hearing / Deaf	Intellectual      Mental Illness      Vision      Other
Physical	Learning      Acquired Brain Impairment      Medical Condition

## 9. Personal Documents: Additional required information *MUST* be supplied by the *Learner*.

**IMPORTANT:** Under current Australian educational standards and legislation, certain proof must be kept on file relating to enrolled Learners. You will need to provide other documents as required, such as your passport, photo I.D, drivers license and/or copies of previous academic qualifications that may be relevant. These can be attached as scanned documents or detailed, clear photographs. All documents are stored in line with our Privacy and Confidentiality Policy.

It is required that the Learner supplies one (1) certified form of ID and can be supplied as.

Australian Passport	International Passport	Medicare Card	Current Drivers Licence
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It is required that the Learner supplies a certified copy of any Australian qualifications completed.

Year 12 Completion Certificate	Certificate I / Certificate II	Diploma / Advanced Diploma
Year 10 Completion Certificate	Certificate III / Certificate IV	Other

## 10. Recognition of Prior Learning and/or Credit Transfer:

Are you applying for Recognition of Prior Learning (RPL) and/or Credit Transfer?	
If Yes, please specify	If you select Credit Transfer, please supply a copy of your certificate or statement.

## 11. Skill Assessment

Q1. Reason for study	To get a job To develop my existing business To start my own business Other reasons	To try for a different career To get a better job or promotion It was a requirement of my job	I wanted extra skills for my job To get into another course of study For personal interest or self-development
Q2. What do you wish to gain from this course?			
Q3. How will this help you in your career?			
Q4. Do you have any special needs from this course?			

## 12. Declarations: Acknowledgments, privacy statement and disclaimer

### **Privacy Notice**

Under the Data Provision Requirements 2012, Australian Salesmasters Training Co (ASTC) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by ASTC for statistical, regulatory and research purposes. ASTC may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

**Unique Student Identifier:** In accordance with section 11 of the Student Identifiers Act 2014 Cth (SI Act), we will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it. The personal information about you that we provide to the Registrar, including your identity information, is protected by the Student Identifiers Act 2014 and the Privacy Act 1988 Cth (Privacy Act). The collection, use and disclosure of your USI are protected by the SI Act.

### **Authority to create or obtain a USI (Unique Student Identifier):**

All students participating in a nationally recognised VET program will require a Unique Student Identifier (USI). The USI is a randomly generated code that is available online from the Australian Government.

In providing my USI, I confirm that ASTC is authorised to collect, use and disclose my student identifier for the purposes required under the Student Identifiers Act 2014.

### **I confirm that I do not have or cannot locate my USI. I give permission for an ASTC Representative to:**

- Create a USI on my behalf
- or locate and verify my existing USI

I understand and agree that personal information (information or an opinion about me) collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) (together Personal Information) collected by ASTC may be disclosed to the Department of Industry, Skills and Regional Development (Department). The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with ASTC for the purposes of evaluating and assessing my subsidised training.

I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

### **Student Declaration and Consent**

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

- I am currently an Australian resident, residing at the physical address provided in this registration form.

### **I acknowledge that I have read and agree to the terms described in this Privacy Statement and Disclaimer and:**

- I agree to abide by the Legislation, Policies, Procedures, Standard of Conduct and rules of ASTC.
- I acknowledge that any false information and/or failing to disclose any relevant information on my registration for enrolment and/or incomplete registration may result in the withdrawal of any offer, and/or cancellation of enrolment at the discretion of ASTC, particularly if it relates to my eligibility for government subsidised training.
- I understand that it is my responsibility to provide all relevant and required documentation.

Print Full Name			
Signature		Date (Day/Month/Year)	

(Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required)

Print Full Name of Guardian			
Signature of Guardian		Date (Day/Month/Year)	

**Employer Representative Sign-off** **Applicable**

- I confirm:**
- The above learner is employed by our company
  - That this workplace has the necessary equipment, resources and appropriate qualified/experienced staff to support the on-the-job training of the participant qualification shown in this enrolment.
  - That I have received a copy of the supervisors guide and I understand my role as a supervisor.

Employer Full Name		Position	
Signature		Date (Day/Month/Year)	

**RTO Representative Sign-off** **Applicable**

- I confirm:**
- That this employer has the necessary staff, equipment and resources to support on-the-job training for the Unit of Competency listed in the training plan.
  - That from my observation of the workplace it conforms with the requirements of the WHS Safety Act.
  - That I have given and explained a copy of a supervisors hand guide to the workplace supervisor.

RTO Representative Full Name		Position	
Signature		Date (Day/Month/Year)	

From time to time we may contact you with details of special offers and promotions about products and services of interest to you or to help us improve our service through customer research.

**13. Payment Information: *If applicable.***

Payment Type:		Amount Payable:	
Direct deposit details:	Account Name: Australian Salesmasters BSB: 032 035 Account Number: 131 314 - Please fax or email payment confirmation		
Card number:		Expiry date: mm/yy	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Signature:	Card holder's name	CVV:	